

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V53879 (5) <small>1. Corporation Name</small> PRO-REP MARKETING, INC.					
<small>Principal Place of Business</small> 1618 EAST STRONG STREET PENSACOLA FL 32501		<small>Mailing Address</small> 1618 EAST STRONG STREET PENSACOLA FL 32501			
2. Principal Place of Business <small>21</small>		2a. Mailing Address <small>26</small>		3. Date Incorporated or Qualified 07/27/1992	
<small>Suite, Apt. #, etc.</small> 22		<small>Suite, Apt. #, etc.</small> 27		3a. Date of Last Report 05/01/1995	
<small>City & State</small> 23		<small>City & State</small> 28		4. FEI Number 59-3134324	
<small>Zip</small> 24		<small>Country</small> 25		<small>Applied For</small> <input type="checkbox"/> Not Applicable	
29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
31		32		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
33		34		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Name and Address of Current Registered Agent PIRES, ROBERT M. 1618 EAST STRONG STREET PENSACOLA FL 32501			10. Name and Address of New Registered Agent <small>81 Name</small> <small>82 Street Address (P.O. Box Number is Not Acceptable)</small> <small>83</small> <small>84 City</small> FL <small>85 Zip Code</small>		
<small>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</small>					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>NOTE: Registered Agent signature required when reappointing</small> <small>DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			<small>1.1 TITLE</small> <small>1.2 NAME</small> <small>1.3 STREET ADDRESS</small> <small>1.4 CITY-ST-ZIP</small>		
D RUCKMAN, JERRY 3110 DORAL DRIVE GODFREY IL			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 62035		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			<small>2.1 TITLE</small> <small>2.2 NAME</small> <small>2.3 STREET ADDRESS</small> <small>2.4 CITY-ST-ZIP</small>		
D LOY, KENNETH ROUTE 1, BOX 2138 MEDORA IL			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 62063		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			<small>3.1 TITLE</small> <small>3.2 NAME</small> <small>3.3 STREET ADDRESS</small> <small>3.4 CITY-ST-ZIP</small>		
D PIRES, ROBERT M. 1620 E. STRONG STREET PENSACOLA FL			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32501		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			<small>4.1 TITLE</small> <small>4.2 NAME</small> <small>4.3 STREET ADDRESS</small> <small>4.4 CITY-ST-ZIP</small>		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			<small>5.1 TITLE</small> <small>5.2 NAME</small> <small>5.3 STREET ADDRESS</small> <small>5.4 CITY-ST-ZIP</small>		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			<small>6.1 TITLE</small> <small>6.2 NAME</small> <small>6.3 STREET ADDRESS</small> <small>6.4 CITY-ST-ZIP</small>		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that the same appears in Block 12 or Block 13, if changed, or on an attachment with an address.</small>					
SIGNATURE: X Kenneth Loy			8-5-96		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		

DO NOT DETACH THIS STUB

DO NOT WRITE OR MAKE ANY MARKS ON THIS STUB

1996 ANNUAL REPORT

Date Due: 05/01/96
 Amount Due: \$200.00
 Amount Due After 5/01/96: \$225.00

V53879 (5)

PRO-REP MARKETING, INC.

CR2E034 (12/95)

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